| | 2782254 | |
|--|---|--|
| Shipper's Name and Address Shipper's Account Number Not Negotiable | | |
| SA31113628560003 Air Waybill QATAR AIRWAYS | | |
| PRES BLOCK SPA issued by DOHA | | |
| VIA ALPIGNANO 151/155 QATAR | | |
| 10040 CASELETTE TO - IT 0119688055 | | |
| Consignee's Name and Address Consignee's Name and Address Consignee's Account Number | /alidity | |
| It is agreed that the goods described herein are accepted in apparent good order | eed that the goods described herein are accepted in apparent good order and condition (except as or carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL | |
| GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SAGRES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STO THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DO CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase su declaring a ghigher value for carriage and paying a supplemental charge if required | SHIPPER, AND SHIPPER PPING PLACES WHICH RAWN TO THE NOTICE Inch limitation of liability by | |
| Issuing Carrier's Name and City Accounting Information | | |
| CRASTA e CO. SRL NON VALE FATTURA AI FINI IVA | | |
| CORSO GARIBALDI 367 80142 - NAPOLI (NA) | AFFIC STATUS DOG X | |
| 30142 - NAPOLI (INA) | | |
| Agent's IATA Code Account No. | | |
| 38471310010 | | |
| Airport of Deparature (Addr. Of First Carrier) and Requested Routing Codice Fiscale/Partita Iva del mittente Imprenditore Non Im | prenditore PF | |
| MALPENSA MILAN AIRPORT,ITALY | SD X | |
| To By First Carrier Routing and to by to by Currency CHGS WT/VAL Other Dediare Value for Carriage Code PPD COLL | eclare Value for Customs | |
| RUH QATAR AIRWAYS (QCSC) EUR X X N.V.D. | I.C.V. | |
| INSURANCE - If carrier offers insurance, and such insurance is request | ed in accordance with the conditions | |
| Airport of Destination Flight/Date For Carrier Use Only Flight/Date Amount of Insurance thereof, indicate amount to be insured in figures in box marked 'amount of ASSURAZOME.' Collect of Usetore offer una assicurazione e tale as condizioni indicate a terop, indicate a terop. Indicate a terop, indicate a terop, indicate a terop. Indicate a terop, indicate a terop. Indicate a terop. Indicate a terop indicate a terop. Indicate a terop, indicate a terop. Indinate a terop. Indicate a terop. Indicate a terop. Indicate a tero | sicurazione sia richiesta in base alle | |
| RITADH, NSA QR0124/19+QR8594/20 condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle c | iseila importo assicurato | |
| NOTIFY:SYED HIMAYATHUDDIN TEL NO.966507767386 SCI | | |
| TEL NO.966507767386 SCI EMAIL: SYED.H@MED-PREMIER.COM X | | |
| No of Gross Weight Kg Rate Class Chargeable Rate Total Nature and Quantity of Goods | | |
| Pieces Ib Commodity Weight (incl. Dimensions or Volume) | | |
| RCP | S & SOCKETS | |
| FREIGHT PREPAID HS CODE: 84813099 | 5 & GOOKE 10 | |
| 6 BOX; 46.70 KG . Dims:3/26x23x173/31x26x26 | | |
| | | |
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| | | |
| 6 46.70 47.00 186.59 0.093.0 | CRM . | |
| 6 46.70 47.00 186.59 0.093 (| , DIVI | |
| 186.59 | | |
| Valutation Charge Insurance Premium | | |
| | | |
| Tax Special Handling | | |
| Total Other Charges Due Agent Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment | | |
| contains dangerous goods, such part is property described by name and is in proper condition for ccarriage by air according to the applicable Dangerous Goods Regulations. | | |
| Total Other Charges Due Carrier Il mittente dichiara che le indicazioni contenute sul fronte LTA sono esatte e che qualora una parte della spedizione contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto per | | |
| 24.43 via aerea secondo le norme sulle Merci Pericolose. | | |
| | | |
| PRES BLOCK SPA Signature of Shipper or his Agent | EXA2401372 | |
| PRES BLOCK SPA Signature of Shipper or his Agent Total Prepaid Total Collect | EXA2401372 | |
| Signature of Shipper or his Agent Total Prepaid Total Collect 211.02 | EXA2401372 | |
| Signature of Shipper or his Agent Total Prepaid Total Collect | EXA2401372 | |

